

Pharmaceutical Technician Application – Download application and mail to the address on the top of the application with the required \$40.00 fee. The fee is payable by check or money order only, we do not accept credit cards.

You must include ONE of the following with the application>

* Copy of certificate of completion of pharmaceutical technician program approved by the board.

If you have a certificate from the Pharmacy Technician Certification Board (PTCB) you will be required to work in Nevada as a registered pharmaceutical technician in training for 500 hours. Please download the application for a pharmaceutical technician in training.

* Copy of registration from state in which you are currently registered as a pharmaceutical technician.

Upon receipt of application and fee, a certificate of registration will be sent directly to you. You are **not** required to live in Nevada or have a job in Nevada to obtain registration as a pharmaceutical technician.

All pharmaceutical technician registration expire October 31, of the even numbered years. It is your responsibility to keep us up to date with your mailing address.

If you have any questions, please feel free to contact the Reno office.

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable)

Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____ Sex: M F

E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

- ☐ I have completed a pharmaceutical technician program approved by the board. (Include copy of certification of completion.) **PTCB** does not qualify without 500 hours as a registered technician in training in Nevada. Contact board for application for PTT.
- ☐ I am currently registered as a pharmaceutical technician in another state. (Include copy of registration or verification letter from the state in which you are registered.)

1) Are you 18 years of age or older? Yes ☐ No ☐

2) Are you a high school graduate or the equivalent? Yes ☐ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

3) I have ___ I have not ___ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

4) I have ___ I have not ___ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐

5) I have ___ I have not ___ been the subject of an administrative action whether completed or pending.

6) I have ___ I have not ___ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or

b) Criminal Action State: _____ Date: _____ Case #: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ___ I am not ___ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ___ I am not ___ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature _____ Date _____

Board Use Only

Received: _____ Check Number: _____ Amount: _____